Disclosure I	Report	Cover
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An	iendn	nent		
			No	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information			\$170.03 (S.2)			
a. Full Name			,			c. ID Number
	IT Town Co	ouncil		-11/15	<u>-</u>	HJMIZ5
b. Mailing Address (include City, State	-	!	DFC	FIA		d. Date Filed
3009 COPTONA LAN			71LU	5 6 50.	17	10/26/17
Indian Trail NC	28074		OC.	1 20 -	an along	e. Phone Number
			6	" Bosta or	Pion	732-500-1800
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/yy)	5. Treasure	r Full Name
2017 7-28-	2017	10/23	1/201	7	BRIAN	Cross
6. Type of Committee (Check C	<u> </u>				type of repo	rt from one category) 💛 🥆
Candidate Campaign Part	·	nicipal .		ate/County		Referendum
I	erendum	Organizationa		Organizat		Organizational Pre-referendum
☐ Independent Expenditure ☐ Join☐ Legal Expense Fund	t Fundraiser	Thirty-five day Pre-primary	╵ ┃┌	Quarterly T First		Final
Legal Expense Pund		Pre-election	-	T Seco		Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	li	Thir		Annual
Booster Fund		Semi-annual	٦Ē	Four	1h	Special
Building Fund		Mid Yea	r	Semi-ann	ual	
-		Year End	· c] Mid	Year	10. Special Report Name
Other:		Final		Year	End	
8. Number of Fundraisers this	Report 🔲	Special		Final		
	ļ			Special		
11, Account Information			11. Accou	unt Inforr	nation	200 - 100 parting 120 (100 00 100) and 100 (100 00 100 100 100 100 100 100 100
a. Financial Institution Full Name			a. Financia	l Institution	Full Name	
BANK of AMERICA N	lational Ass	societion				
b. Purpose	c. Account Code		b. Purpose			c. Account Code
Checking	Check					
)	d. Period Begin Ba	lance				d. Period Begin Balance
	\$ (7)					\$
CERTIFICATION	J					
I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct	nt no funds are con	nmingled with een trained by	prohibited	or other no	n-disclosed fu	
Brian Cross Printed Name of Sign	er			pointed Trea	surer	Date
FOR OFFICE USE ONLY			milito of Ap	pomica rica	50101	AZAIC
	126/17	Employ	/ee: K	aun	Del	ivery Method Normal Mail
Date Postmarked:	/A	Employ	/ee: 🅰	aum	ト員	Registered Mail Hand Delivered
Date Scanned:		Employ	/ee:		_ ′□	Electronically Filed
Date Data Entered:		Employ	/ee:			Signer has not received mandatory training
Please Note: This form ca	nnot be used to a	mend comm	ittee infor	mation suc	h as the com	mittee address, treasurer,
	treasurer, custoo					
You must amend						

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Brian Cross for IT Town Council	2017 Pr	re-election	HJM1Z5
Start of Election Cycle: January 1, <u>2017</u>	•	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ Ø	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 241	\$ 941
6) Contributions from Individuals	(CRO-1210)	\$ 1075	\$ 1075
7) Contributions from Political Party Committees	(CRO-1220)	\$ Ø	\$ Ø
8) Contributions from Other Political Committees	(CRO-1230)	\$ Ø	\$ Ø
9) Loan Proceeds	(CRO-1410)	\$ 700	\$ 760
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ Ø	·\$ Ø
11) Other Receipt Sources CCT 2 6 2017			
11a) Interest on Bank Accounts	(CRO-1250)	\$ Ø	\$ Ø
11a) Interest on Bank Accounts Ilnion Co. Board of Elections 11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ Ø	\$ Ø
11c) Outside Sources of Income	(CRO-1250)	مسا	\$ Ø
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ Ø	\$ Ø
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ Ø	s Ø
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 2016	\$ 2016
<u>EXPENDITURES</u>			
13) Disbursements	nad destrumente e e e d'en sou l'accounte des l'accè 18 h e e e		
13a) Operating Expenditures	(CRO-1310)	\$ 1932,10	\$ 1932.10
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ Ø	\$ Ø
13c) Coordinated Party Expenditures	(CRO-1310)	\$ Ø	\$ \Phi
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ Ø	\$ Ø
15) Loan Repayments	(CRO-1420)	\$ Ø	\$ Ø
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ Ø	\$ Ø
17) In-Kind Contributions	(CRO-1510)	\$ <i>Q</i> >	\$ Ø
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 1932.10	\$ 1932.10
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 83.90	\$ 83.90
ADDITIONAL INFORMATION	(200 0 100)		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 700	
22) Debts and Obligations owed by the Committee	(CRO-1610)	Russ	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ Ø	
25) Administrative Support	(CRO-1710)	\$ Ø	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 00	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ Ø

			butions from l			Amendment Yes No					
	Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number										
	BRIAN Cross for IT Town Council HJM1Z5										
3.	3. Contributor Information										
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description		f. Amount					
	Remove		Stripe	Checking	9517	\$ 4900					
HHE			Stripe	Checking	9/12/17	\$ 10					
旧日	Remove		Stripe	Checking	9/12/17	\$ 50					
日日	Remove		Stripe	Checking	9/17/17	\$ 30					
	Remove		Stripe	Checking	9/20/17	\$ 25					
100	Remove			Checking	9/25/17	\$ 27					
	Remove		Check Stripe	Checking	10/20/17	\$ 50					
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	Add Remove					\$					
	Add Remove					\$					
	Add Remove				****	\$					
	Add Remove	11	/ED			\$					
	Add Remove	RECEI	VED			\$					
	Add Remove	OCT 26	2017			\$					
	Add Remove	Union Co. Board	of Elections			\$					
五	Add Remove					\$					
	Add Remove					\$					
担	Add Remove					\$					
	Add Remove					\$					
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	Add Remove					\$					
2	Add Remove					\$					
7	Add Remove					\$					
		nly this Page			\$	241					
	Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ 34\										

		om Individua		Pg	1 of 2	7
		ndividual contributione (and Fund if appl		ontributions unde		2. ID Number
		iss for IT		louncil		HJM1Z5
	ributor Informs			Add 🔲 Ren	iove	
•	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments
l-`-	e city, state, & zip)			Risk Anal	145 1	Candidate
	an Cross			c. Employer's Nan	re/Specific Field	
300	29 Corro	NA Ln		Bank of A		
Tre	lian Trai	NC, 280	579	Option of		e. Election Sum to Date
						\$ 725
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
	Check	Checking	initial dep	osit	8/25/201	17 \$ 500
	Check	Stripe	Stripe s	et up	9/4/ 201	n \$ 25
	Check	Checking	Deposit	·	10/10/20	7 \$ acc
27.000.007.007.000.007.007.000	ributor Informa	1900 1000 maranay, mm, 1000 1000 1000 mm, 1000 m	Ø	Add Ren	Statistica francisco professioni et referi pull articulta departmente de la francisco de la francisco de la fr	
	ame, Mailing Addre e city, state, & zip)	ess & Phone		b. Job Title/Profes	sion	d. Comments
	red Fatal	, TTF		LAWYER		College
			i ro	c. Employer's Nan	ne/Specific Field	Classmate
		square Apt 15	<i>,</i> , , , , , , , , , , , , , , , , , , ,	1-e-	_	e. Election Sum to Date
New	, York N	(1005		Labaton	Sucharow	
					LLP	\$ 150
f. Prior	g. Account Code	h, Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k, Amount
	Check	Stripe			9/12/17	\$ 150 %
		RECE	IVED			\$
			5100			\$
3. Cont	ı ributor Informa	ition OCT 4	6 2017	Add 🔲 Ren	nove	
	ame, Mailing Addre	ess & Phone	oard of Elections	b. Job Title/Profes	sion	d. Comments
	e city, state, & zip) Botelho			Attorne		Fraternity
	Ross Ave			c. Employer's Nan	- · -	Brother
		J 07601		Chasan La	mparello	e, Election Sum to Date
HINC	KENSACK IV	J 01001		Mallon & CAG	100220	\$ 100
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount
	check	Stripe		:	9/13/17	\$ 100
						\$
						\$
4. Tota	al only this P	age				\$ 975
		RO-1210 Pages of Detailed Summary P	age CRO-1100)			\$ 1075

Contributions from Individuals Pg 2 of 2 Amendment 1 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) 2. ID Number							. ID Number		
Br	An Cros	s for IT	Town Co	uncil				HJM 125	
	ributor Inform:	ation	日	Add 🔲 Rei	nove				
a. Full N	ame, Mailing Addre	ess & Phone	·	b. Job Title/Profe	ssion		d.	Comments	
	le city, state, & zip)			Retirce			١	10ther	
	da Cross			c. Employer's Nat		ific Field			
14	Potter Dri	WE		NIA					
Pal	m Coast	FL 32164		1210			e.	Election Sum to Date	
								100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date	(mm/dd/	уууу)	k. Amount	
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Ð	check	Stripe			9	17	17	\$ 100	
								\$	
	ributor Informa			Add 💾 Rei	nove				
	ame, Mailing Addre			b. Job Title/Profes	ssion		d.	Comments	
(includ	e city, state, & zip)	EIVED	N. C.						
				c. Employer's Nar	ne/Snec	ific Field			
	OCT	2 6 2017		<u>-</u>					
							e.	Election Sum to Date	
		. Board of Elections							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date	(mm/dd/	уууу)	k. Amount	
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	nne, Mailing Addre	ss & Phone		b. Job Title/Profes	sion		d.	d. Comments	
(includ	e city, state, & zip)								
				c. Employer's Nan	ne/Speci	fic Field	\dashv		
						***	L		
•							e.	Election Sum to Date	
							\$	3	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date	(mm/dd/	уууу)	k. Amount	
8								\$	
								\$	
D								\$	
4. Tota	al only this Pa	age					\$	100	
5. Tota	al of ALL CR	O-1210 Pages					\$		
(This li	ne must be on line 6	of Detailed Summary Pa	ge CRO-1100)				Ф	1075	

					Amendment
Loan Proceeds	andarra	u'o informati		of	Yes No
Use this form to report proceeds from a loan and loan A loan proceeds statement must accompany each loan					
1. Committee Full Name (and Fund if applicable)				08 107 S	2. ID Number
Brian Cross for IT Town Coun	ecl.				HJM125
3. Lender Information	1	Add	Remove		
a. Full Name, Mailing Address & Phone		b. Job Title/P	Profession		d. Comments
(include city, state, & zip)		Risk A	nolusa		
Brian Cross		2.3 /	1001/13		e. Start Date (nm/dd/yyyy)
3009 Corrana La		c. Employer's	s Name/Specifie 1	ield	9/28/2017
Indian Trail NC 28079		که محد مح	3 America		f. End Date (mm/dd/yyyy)
		OHAIR D	3 3,		, _
					12/1/2017
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Payn	ent	k. Amount
Q % NONE	Check	۷	transfer		\$ 700
I. Full Name of Lending Institution					m. Loan Number
Brian Ceass					ĺ
4. Endorsers/Makers (The people who guarantee the load	n.)				
a. Full Name, Mailing Address & Phone		b. Job Title/I	Profession	e. E	Employer's Name/Specific Field
(include city, state, & zip)		_			
PECEIVED					
OCT 2 6 2017					
		d. Percentage	е	e, A	Amount
Union Co. Board of Elections			·	% \$	
a. Full Name, Mailing Address & Phone		b. Job Title/I	Profession	c. E	Employer's Name/Specific Field
(include city, state, & zip)	······	-			•
		d. Percentage			Amount
				% \$	
a. Full Name, Mailing Address & Phone		b. Job Title/I	Profession	c. F	Employer's Name/Specific Field
(include city, state, & zip)		_			
		d. Percentag	0	 	Amount
		u, rercemag			Michila
				% \$	
a. Full Name, Mailing Address & Phone		b. Job Title/J	Profession	e. I	Employer's Name/Specific Field
(include city, state, & zip)		-			
		d Daysonton			Amount
		d. Percentag			
				% \$	
5. Total of ALL CRO-1410 Pages					\$ 700
(This line must be on line 9 of Detailed Summary Page CRO-	1100)				,00



Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Title otatement to to be med with the Election Board where the committee	
Name of committee to receive loan: <u>Brian Cross for</u>	IT Town Council
• Person or committee to make loan: 13rian Cross	
• Date of loan to committee: Sept 28, 2017	
 Name of lending institution and account number (source N / A 	e):
• Amount of loan: <u>\$ 700</u>	
Description (if in-kind loan):	
Names of all parties responsible for payment of loan (gu	arantors):
• Period of loan: 9/28/2017 - 12/1/2017	
Rate of interest of loan:	
Security pledged for loan:	
Coounty proagon for rount	
I, Brian Cros>, acknowledge the (Person lending money to committee)	nat all of the information
(Person lending money to committee)	l man mat familia a laga
provided is complete, true, and accurate. I further understand that has an outstanding balance to any source.	i may not forgive a loan
	9/28/17
B-DC	
Signature of Lender	Date Signed
B-DC	9/28/17
Signature of Treasurer of Committee	Date Signed
CRO-6100 Loan Proceeds Statement	Inly 2014

Disbursem	ents				Pg of	Amendment Yes No
		from the committ	tee for o	perating exp		ions to candidate/political
committees and	coordinated party exp	penditures			,	
	full Name (and Fund					2. ID Number
	uss for IT T		-c.l_			HJM125
3. Type of Disb) for <u>ms for e</u>	each type of Disb	The state of the s
Operating Expe		tributions to Candida	$\overline{}$			rdinated Party Expenditures
4. Payee Inform		Troubles.	لتراسي والمستحدث		Remove	
	Iailing Address & Pho	one		T .	ed Committee Name	e d. Comments
(include city, state,	, & zip)				<u></u>	A CONTROL OF THE STATE OF THE S
Campaign	Pointner . Com					Website
CHICKEN O	116		I	1	istered (Specify)	
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	15			mm/dd/yyyy)		k. Required Remarks
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					\$	
4. Payee Inform	-42 au		<u> </u>		Remove	
	nation ling Address & Phone				ed Committee Name	e d. Comments
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(IRctaue vier,	actner.com RE	ECEIVE	ナレー	1		
Campaign Ti	artner.com :		,	c. Level Regis	istered (Specify)	-
Dolla Ecology PO Box 118	n LLC	OCT 26 2017	<i>!</i>	Federal	County:	ad 1990-18 and 1990-18
PO BOX 118	'	-		State	= '	e. Election Sum to Date
CLII RIVER, 1	MA 01467 Union	- Co Roard of Elf	ections ¹			\$ 29
		,		Indian	· t· · · · · · · · · · · · · · · · · ·	
f. Account Code	g. Form of Payment	h. Purpose Code	1 .	mm/dd/yyyy)		k. Required Remarks
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	 	<u> </u>			\$	
		<u>[</u>				
4. Payee Inform			<u> </u>	, .	Remove	
	ing Address & Phone	·		b. Coordinate	ed Committee Name	e d. Comments
(include city, stat			!	1		Business caros
Proper & Ink	Printing		1	mad I	* /d dfu/	
with the	01		1	c. Level Regis	stered (Specify) County:	- Walking CAFDS
140 500	Mings La		1	Federal State	County: Municipal	<u> </u>
Ma Hhews	Printing Illings Rd 5 NC 2810	,4	,			
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					\$	
5. Total only thi	is Page					\$ 312.07
	CRO-1310 Pages					ANY TO THE TOTAL OF THE TOTAL O
l .	line 13a of Detailed Sum	····arv Pave CRO-11	nn if Ope	-ating Expense	ae)	+ 1427 10
· ·	i une 13ú of Detailed Sum: line 13b of Detailed Sum:					, \$ 1932.10
_	tine 130 of Detailed Sum tine 13c of Detailed Sum					
	odes (List detailed	Anna da managa da paga ang ang aga an ang ang ang an an ang ang	and the second second second second	and the second section is a second second section in	Lace VIII	
7. Purpose Co A* - Media	B* - Printin			undraising	D - To /	Another Candidate
A* - iviedia E - Salaries	B* - Princin F* - Equips			undraising litical Party		Another Candidate olding Public Office Expenses
I - Postage	J - Penaltie			iffice Expens		onation to Legal Expense Fund
O* Other	U •	<i>,</i> 5	IX.	Alter and I	363	Mation to Even
	e detailed explanatio	on in required r	·emarks	field (k)		

Disbursements	Pg	<u>a</u>	of	3_	Amendment Yes	□ No
Use this form to report expenditures from the committee for operating exp	ense	s, contri	butio	ons to c	andidate/pol	itical

	coordinated party exp		-			
1. Committee F	Full Name (and Fund	I if applicable)				2. ID Number
Brian (Cross for 3	IT Tow	<u>n (</u>	<u>louned</u>		HJMIZ5
3. Type of Disb	ursement (Please	use separate CR	<u> 10-1310</u>) forms for e	each type of Disb	ursement.)
Operating Expe		tributions to Candida		•		rdinated Party Expenditures
4. Payee Inform				والتنازي والمساول والمساول والمساول	Remove	
	Iailing Address & Pho	one		·	ed Committee Name	d. Comments
(include city, state,	•	7110		LANCAUPAN TO THE PARTY OF THE P		
				1		
	le Graphics			c. Level Regi	stered (Specify)	
41,00 Su	ite H Lebanon	Road		☐ Federal	County:	—
				☐ State	Municipa	ality: e. Election Sum to Date
Charlotte	NC 28227	1				\$ (7)
				Indian		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
Check	CARO	3	91:	29/17	\$1374,05	Signs
CITCOL	C-14, 17	1	+			
<u> </u>					\$	
4. Payee Inform	nation		₫		Remove	
a. Full Name, Mail	ling Address & Phone	LIVED	,	b. Coordinate	ed Committee Name	e d. Comments
(include city, stat	te, & zip)	/Lat V man				
-	777	2 6 2017				
FACEBOOK	८ ।	L U LUII		1	stered (Specify)	
Lungian	Class Da	~ of Election	`^	Federal	County:	
	WAY CO		,S	☐ State	Municipal	lity: e. Election Sum to Date
Menlo Par	rk, CA 9402	12	i		T . \	\$
				Indian		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Check	CAFD	A	101	2/2017	\$ 19	Post Boost
CIRCU	- CA: V		 	212-1		
 !	[<u>('</u> '			[\$]	
4. Payee Inform	nation			Add 🔲	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)					
^						
Achec & Tu	ik Printing		,	c. Level Regis	stered (Specify)	
740 Stal	lings Road		!	Federal	County:	(Particular)
	man Home		!	State	Municipal	lity: e. Election Sum to Date
Matthews	NC 28104	4	,			6 0 5 11 17
		·		Indian	Trail	\$ 254.07
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
Check		A	10/1	רו לסו	\$ 172.94	walking cards
Crece	CATO			 '		WHIELING CATOS
		l			\$	
5. Total only thi	is Page					\$ 1565,99
	CRO-1310 Pages					
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	line 13a of Detailed Sum					\$ 1932.10
, 4	line 13b of Detailed Sum	• •	_			g and the same of
	line 13c of Detailed Sum	demonstration and the second s	A 25 to 2 to 2 to 2 to 2 to 3 to 3 to 3 to 3	eritore and amount of a series and a series	Expenditures)	
	odes (List detailed of			-		
A* - Media	B* - Printin			undraising		Another Candidate
E - Salaries	F* - Equipn			litical Party		olding Public Office Expenses
I - Postage	J - Penaltie	ės –	K* - O	ffice Expens	ses Q* - Do	onation to Legal Expense Fund
O* Other						
* Codes	e detailed evalgaatid	a beginner di de	emerke	fiold (k)		

								Amendment
Disbursem	ients				Pg .	<u>3</u> of	<u>3</u>	Yes No
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political								
	coordinated party ex	and a section of the annual engine and the first and appropriate and a section of the section of	ne englishe e en en en enel en e	en e en alla en en en el espera en en en en el en en el en en el	om or digital regress dire		12	ID Number
	Full Name (and Fun					-43		1D Number
Brian Cross for IT Town Coursel								1517125
3. Type of Dish		use separate Ch				*****		
Operating Exp 4. Payee Inform		tributions to Candida	ates/Politi	Add		-	rdinated	Party Expenditures
a. Full Name, M		Add Remove b. Coordinated Committee Name			Comments			
(include city, state	-	one		b. Coordinated Committee Name			. U.	Conments
	Partner LCOV	1		c. Level Registered (Specify)				
Data Ecol Po Box 118	iosy LLC			Federal County: State Municipality:			libe	Election Sum to Date

Still River	MA 01467			Indian	Tre	'	\$	58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amo	unt	k. Regu	ired Remarks
Check	CArg	A	10	10/17	\$ 2	9	Wes	site
					\$			
4. Payee Inform				Add	Remo	ve		
a. Full Name, Mail	ling Address & Phone	EIVED		b. Coordina	ted Com	mittee Name	d.	Comments
(înclude city, sta	ite, & zip)							
FACEBOOL		2 6 2017		a Level Pag	ictored (Engolfu)	—	
1 Hacker	way thing Co.		٠	c, Level Registered (Specify) Federal County:				
, ,,,,	thinn Q0.	Roard of Election	15	☐ State	Ī		lity: e. l	Election Sum to Date
Menle Vark	. CA 94025			Indian	Τς.	-:1	\$	19
f. Account Code	La Form of Downsort	h. Purpose Code	l. n					• •
	g. Form of Payment		1	mm/dd/yyyy)				ired Remarks
Check	CAro	<u> </u>	101.	34 17		5.04	You	+ Bocst
					\$			
4. Payee Inform	******			Add Remove				
	ing Address & Phone			b. Coordinated Committee Name d. Comm				Comments
(include city, sta	te, & zip)			-				
				c. Level Regi	stered (S	necify)		
				☐ Federal	Ĺ	County:	\neg	
				State		Municipa	lity: e. I	Election Sum to Date
				İ			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (l mm/dd/yyyy)	j. Amoı	mf	k. Reau	red Remarks
	B. 1 01 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1				\$		n requ	
		<u> </u>						
:					\$			
5. Total only th							. \$	54.04
	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 1932.10								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media	B* - Printing					D To	\ nothor	Candidata
E - Salaries		B* - Printing C* - Fundraising D - To Another Candidate F* - Equipment G - Political Party H* - Holding Public Office Expenses						
I - Postage								
O* Other				-		_		

O / 1 **			Amendment
Outstanding Loans	Pg	of _	Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee I	2. ID Number						
BriAn C	HJM125						
3. Lender Information							
a. Full Name, Mai	ling Address & Phone	b. Job Title/Profession	d. Comments				
(include city, sta		Piel N. I.					
3009 Ca	Trail NC 28079	Risk Analyst					
			e. Start Date (mm/dd/yyyy)				
Indian -	Trail NC 28079	c. Employer's Name/Specific	Field 9/28/17				
		Bank of Americ	f. End Date (mm/dd/yyyy)				
			t End Date (mil/dd/yyyy)				
			12/1/17				
g, Rate h, S	ecurity Pledged	i. Original Loan Amour	nt j. Remaining Loan Balance				
	None	\$ 700	\$ 700				
k. Full Name of Le	ending Institution		l. Loan Number				
Brian	1						
3. Lender Infor		Add Remove					
a. Full Name, Mail	ling Address & Phone	b. Job Title/Profession	d. Comments				
(include city, sta	te, & zip)						
	HEURIVED						
		. F	e. Start Date (mm/dd/yyyy)				
	COT 2 6 2017	c. Employer's Name/Specific	Field				
	: Co Board of Elections		f. End Date (mm/dd/yyyy)				
	Ou Dodid of Elocation		2.10 2 ste (1.11.2 sta 3.333)				
g. Rate h. Se	ecurity Pledged	i, Original Loan Amoun	t j. Remaining Loan Balance				
%		\$	\$				
k. Full Name of Le	adia Institution						
K. Full Ivaille of Lei	l. Loan Number						
3. Lender Infor	mation	Add 🔲 Remoye					
a. Full Name, Maili		. Job Title/Profession	d. Comments				
(include city, stat	te, & zip)						
			e. Start Date (mm/dd/yyyy)				
		. Employer's Name/Specific	Field				
			f. End Date (mm/dd/yyyy)				
g. Rate h. Se	curity Pledged	i. Original Loan Amoun	t j. Remaining Loan Balance				
%		\$	\$				
		Ψ					
k. Full Name of Ler	l. Loan Number						
4. Total only	\$ 700						
5. Total of Al							
(This line must be	\$ 700						
(IDA) 1420							